U.S. Department of Labor Office of Labor-Management Stantards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -	2. Fiscal Year Covered From:					
	7 / 7 / 2004 Through: 12 / 30 04					
3. Name and address of person filing.	4. Name, file number, and address of labor organization.					
Name SHARON L MCCANN	Name VAITED FORD & COMMBRUIAL WORKERS					
	Labor Organization File Number					
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any					
Street 1010 5. BAILEY ST	Street 1010 S. BAILEY ST.					
City SEATTLE	City SEATTLE					
State WA ZIP Code + 4 58/08	State 2/4 ZIP Code + 4 98/08					
5. Position in labor organization. TRESIDENT						
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):						
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any	7.b. Amount.					
Street	7.D. ACHOURE.					
City						
State ZIP Code + 4						
Signature						

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Skaren & Miles

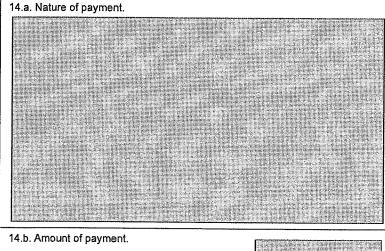
On <u>8-3-35</u>

206 763 1/05 Telephone Number

8. Name and address of Business (including trade name, if any). Name RETALL CLERK WELFARE / FENSION TRA	9. Business deals with: a. Labor Organization
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 20/ QUEEN ANNE AVE NO. City SEATTLE State ZIP Code + 4 98/0 9	b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Refail Clerk Weamer Fension Research Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 201 Queen Davie Ape No. City Segret ZIP Code + 4 78109	11.a. Nature of such dealing. 2 DAY TRUST MEETING—/NIGHT STAY AT HOTEL— I—NVOICE ATTACHED 11.b. Approximate dollar value of such dealing. 2/25: 89 12.a. Nature of interest held or income received.
	12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).						
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street						
City						
State	ZIP Code + 4					
13.b. Is the Business an Employer	or Consultant ?					



Name & Address

RETAIL CLERKS RL 201 QUEEN AVENUE NORTH

SEATTLE, WA 98109

DoubleTree* HOTEL

18740 Pacific Hwy So. • Seattle, WA 98188 Phone (206) 246-8600 • Fax (206) 431-8687 Reservations www.doubletree.com or 1-800-222-TREE

SEATTLE AIRPORT

Room Arrival Date Departure Date RCT 10/03/04 10/13/04

Adult/Child Room Rate

RATE PLAN HH#

AL: CAR: Retail Clerus Board Meeting october 7 + october 8, 2004

10/13/04

PAGE

1

DATE	REFERENCE	DESCRIPTION		AMOUNT		F
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ACCOUNT NO.			. DATE OF CHARGE	701747		
CARD MEMBER NA	ме		AUTHORIZATION		INITIAL	
ESTABLISHMENT N	IO. & LOCATION	ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT	PURCHASES & SER	VICES		
			TAXES	***************************************		
			TIPS & MISC.	,		
CARD MEMBER'S S	GIGNATURE	9 10 10 10 10 10 10 10 10 10 10 10 10 10	TOTAL AMOUNT	-		_

















